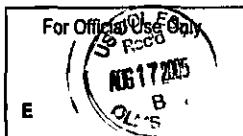


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|---|
| 1 File Number U - <u>9355</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004 |
| 3 Name and address of person filing Name <u>David</u> <u>A</u> <u>Palmer</u> P O Box, Bldg, Room No, if any _____ Street <u>14000 Henskee Road</u> City <u>Alden</u> State <u>New York</u> ZIP Code + 4 <u>14004</u> | 4 Name, file number, and address of labor organization Name <u>Communications Workers of America, AFL-CIO</u> Labor Organization File Number <u>025687</u> P O Box, Building and Room Number, if any <u>Suite 122</u> Street <u>3719 Union Road</u> City <u>Buffalo</u> State <u>New York</u> ZIP Code + 4 <u>14225</u> |
| 5 Position in labor organization <u>Area Director Upstate NY/NE</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____ |

Signature

| | | |
|---|---------------------------|---|
| 15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) | | |
| Signed <u></u> | On <u>8/12/05</u> Date | <u>(716) 685-5015</u> Telephone Number |

| | |
|---|-----------------------|
| Name of Person Filing <u>David Palmer</u> | File Number <u>U-</u> |
|---|-----------------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| 8 Name and address of Business (including trade name, if any) Name <u>Lipsitz, Green, Fahringer, Roll, et al</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>Suite 300</u> Street <u>42 Delaware Avenue</u> City <u>Buffalo</u> State <u>New York</u> ZIP Code + 4 <u>14202-3857</u> | 9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 11 a Nature of such dealing <u>Lipsitz, Green is one of several legal firms providing legal services to the CWA</u> 11b Value unknown, direct billed to CWA headquarters in Washington, DC 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received <u>Lipsitz, Green gave CWA District One four tickets to the Buffalo Bills football game to be distributed to CWA members I used one ticket, two were used by members and one was not used</u> 12 b Amount <u>\$460</u> |

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|---|---|
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 14 a Nature of payment |
| 13 b Is the Business an Employer _____ or Consultant _____ ? | 14 b Amount of payment. <u> </u> |